

101 North Detroit Street,
P.O. Box 490, Xenia, OH 45385-0490
For Assistance – Call 937-376-7248 or
visit our website – www.ci.xenia.oh.us

2009 – XENIA CITY INCOME TAX – 2009

Make checks payable to
City of Xenia

DUE ON OR BEFORE APRIL 15, 2010

LATE FILING OF THIS RETURN SUBJECTS YOU
TO INTEREST AND A MINIMUM \$25.00 PENALTY

IF NAME OR ADDRESS IS INCORRECT MAKE NECESSARY CHANGES
(LIST BOTH NAMES & SOCIAL SECURITY NUMBERS IF FILING A JOINT RETURN)

TAXPAYER SSN: _____

SPOUSE SSN: _____

MARRIED FILING SEPARATELY

PHONE NUMBER: _____

IF YOU RENT, NAME AND ADDRESS OF LANDLORD: _____

IF YOU MOVED DURING THE YEAR, YOU MUST COMPLETE LINES BELOW:

DATE OF MOVE: _____

PRESENT ADDRESS: _____

PREVIOUS ADDRESS: _____

IMPORTANT: Returns received without ALL completed Federal schedules will be marked "INCOMPLETE" and returned to the taxpayer. **AN "INCOMPLETE" RETURN IS NOT A FILED RETURN AND CAN CAUSE LATE CHARGES!**

- A** I AM NOT REQUIRED TO COMPLETE SECTION B OF THIS TAX RETURN BECAUSE:
- | | |
|---|--|
| <input type="checkbox"/> UNDER 18 YEARS OF AGE AND ALL TAX WITHHELD FOR XENIA | <input type="checkbox"/> 65 OR OLDER WITH NO CITY TAXABLE INCOME _____ |
| <input type="checkbox"/> TOTAL/PERMANENT DISABILITY | <input type="checkbox"/> ONLY INCOME IS FROM NON TAXABLE SOURCE, LIST SOURCE _____ |
| <input type="checkbox"/> UNEMPLOYED | <input type="checkbox"/> MOVED FROM XENIA PRIOR TO 1/1/2009, LIST DATE OF MOVE _____ |
| | <input type="checkbox"/> TAXPAYER DECEASED PRIOR TO 1/1/2009, LIST DATE OF DEATH _____ |

B

EMPLOYER'S NAME	AMOUNT OF XENIA INCOME TAX WITHHELD	CITY TAX WITHHELD IN OTHER CITIES (CANNOT EXCEED 1.5%)	TOTAL W-2 WAGES	TAX OFFICE USE ONLY DO NOT USE THIS SPACE

ATTACH W2'S HERE

1. TOTAL (ATTACH ALL W-2'S)

1A.	1B.	1C.	
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1D. LESS EMPLOYEE BUSINESS EXPENSES. COPIES OF FEDERAL RETURN (1040), SCHEDULE A AND 2106 MUST BE ATTACHED. WORKSHEETS WILL NOT BE ACCEPTED. SEE 2106 INFORMATION ON REVERSE 1D. _____

1E. TOTAL TAXABLE WAGES (1C MINUS 1D) 1E. _____

2. INCOME OTHER THAN WAGES FROM WORKSHEETS ON REVERSE 2. _____

3. TOTAL INCOME (ADD LINE 1E AND LINE 2 – **DO NOT SUBTRACT LOSS FROM W-2 WAGES**) 3. _____

4. TAX – LINE 3 MULTIPLIED BY 1.75% (.0175) 4. _____

5A. XENIA TAX WITHHELD (FROM 1A) 5A. _____

5B. 2009 ESTIMATED PAYMENTS 5B. _____

5C. CREDIT FOR OTHER CITY TAX WITHHELD (FROM 1B - **CANNOT EXCEED 1.5%**) 5C. _____

DO NOT INCLUDE AMOUNTS REFUNDED TO YOU BY OTHER CITIES!

5D. TOTAL TAX CREDITS (ADD 5A, 5B AND 5C) 5D. _____

6. IF LINE 4 IS GREATER THAN LINE 5D ENTER BALANCE DUE (NOT LESS THAN \$2.00) 6. _____

7. IF LINE 5D IS GREATER THAN LINE 4 ENTER OVERPAYMENT (NOT LESS THAN \$2.00) 7. _____

AMOUNT TO BE: REFUNDED \$ _____ OR CREDITED TO 2010 \$ _____

8. PENALTY \$ _____ INTEREST \$ _____ 8. _____

9. BALANCE DUE (ADD LINE 6 AND 8) PAYABLE TO CITY OF XENIA 9. _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2010

10. TOTAL ESTIMATED TAX FOR 2010 (1.75% MULTIPLIED BY XENIA TAXABLE INCOME)	10. _____
11. LESS CREDITS (INCLUDING PRIOR YEAR CREDIT FROM LINE 7)	11. _____
12. NET TAXES OWED	12. _____
13. AMOUNT PAID WITH THIS DECLARATION (1/4 OF LINE 12)	13. _____
14. TOTAL DUE (ADD LINES 9 AND 13)	14. _____

C I certify I have examined this return including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete.

If this return was prepared by a Tax Preparer, I am authorizing them to disclose information concerning this return to the Xenia Tax Office. Yes No

Signature of Taxpayer or Agent Date

Signature of Spouse Date

Signature/Address of preparer (if other than taxpayer) Date

FOR TAX OFFICE USE ONLY	
PAID _____	
<input type="checkbox"/> PRE-AUDITED BY: _____ ON _____	
<input type="checkbox"/> AUDITED BY: _____ ON _____	
FILE DATE _____	

WORKSHEET A – OTHER INCOME (As documented by Returns, Attachments, 1099s and Schedules)

TYPE	LOCATION	Net Taxable Gain From Fed. Schedule or Income Amount	Net Taxable Loss From Fed. Schedule or Income Amount
Proprietorship (Schedule C)			
Rental Income (Schedule E)			
Recapture of Depreciation on Sale of Rental Property (Schedule 4797)			
Reportable Partnership Income (Schedule E/K-1)			
Farm Income (Schedule F)			
1099 Income (not reported on Schedule C)			
Other Income			
TOTAL TO LINE 2 ON REVERSE			

In no case may business losses be taken against wages or other compensation earned as an employee.

Only the resident partner's share of partnership or S-Corp income or losses not attributable to Xenia should be included on this return.

SCHEDULE Y – BUSINESS ALLOCATION FORMULA

The Business Allocation Formula is to be used by taxpayers who have a place or places of business outside Xenia to determine the portion of the net profits attributed to that part of the business within the boundaries of Xenia. Businesses located wholly within the Xenia city limits must include copies of tax returns filed and paid in other cities in order to allocate less than 100% to Xenia.

	A. LOCATED EVERYWHERE	B. LOCATED IN XENIA	C. PERCENTAGE (B/A)
Step 1. Average original cost of real and tangible personal property	\$ _____	\$ _____	
Gross annual rentals multiplied by 8	\$ _____	\$ _____	
Total Step 1	\$ _____	\$ _____	_____ %
Step 2. Gross receipts from sales and work or services	\$ _____	\$ _____	_____ %
Step 3. Total qualifying wages, salaries, commissions and other compensation for all employees	\$ _____	\$ _____	_____ %
Step 4. Totals	\$ _____	\$ _____	_____ %
Step 5. AVERAGE PERCENTAGE (Divide total percentages by number of percentages used.)			
Multiply by Net Taxable Gain from Federal Schedule C and enter on Worksheet A.			_____ %

2106 WORKSHEET (FEDERAL RETURN AND FEDERAL SCHEDULES A AND 2106 MUST BE ATTACHED)

Form 2106 is the Federal Form for reporting Employee Business Expenses. Employee Business Expenses are for employees only (not self-employed individuals) who pay business-related expenses from their wages. W2 income is required to deduct 2106 expenses. To be used as a reduction to W2 income, the 2106 expenses must be documented via copies of the taxpayer's Federal tax return including Schedule A and 2106. For city taxation purposes, 2106 expenses are reduced by 2% of city taxable income. If income is allocated between cities, 2106 expenses should be allocated accordingly.

1. Total W2 Income from Line 1 on the reverse	\$ _____	
2. 2106 Expenses from Federal Form	\$ _____	
3. City Reduction	\$ _____	(Multiply Line 1 + Worksheet A Income by .02)
4. Eligible 2106 Expenses	\$ _____	(Subtract Line 3 from Line 2 and enter on line 1D on the reverse)

SCHEDULE H – OTHER INCOME NOT INCLUDED ON FEDERAL SCHEDULES

RENTAL INCOME (if a Federal Return is not required)

1. Location of Property	2. Amount of Rent Received	3. Mortgage Interest Payment	4. Repairs	5. Other Expenses	6. Total Expenses (add boxes 3, 4 & 5 together)	7. Total Income or Loss (subtract box 6 from box 2)

INCOME FROM SALES OR SERVICES (if a Federal Return is not required)

1. Type of Products Sold or Services Provided	2. Total Received from Customers	3. Total Paid for Products or Materials	4. Total Income or Loss (subtract box 3 from box 2)

Enter Total Income or Loss (Box 7 for Rental Income and/or Box 4 for Income from Sales and Service) under "Other Income" on Worksheet A.

Having trouble filling out your return?

Bring all W-2s, 1099s, Federal Returns and Federal Schedules to the Tax Department between 9 AM and 5 PM, Monday through Friday
Returns are completed free of charge • Call 937-376-7248